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TAGS: AMGT ASEC CASC AMED KFLO AEMR CI
SUBJECT: CHILE: POST TRIPWIRES FOR AVIAN FLU

REF: A. SECSTATE 219189

1B. SANTIAGO 2423

1C. SANTIAGO 2431

11. (SBU) Summary: Embassy Santiago continues to develop preparedness measures against avian influenza (AI) through the Emergency Action Committee, chaired by the DCM and composed of the AMB, RAO, EPOL, RSO, DAO, MILGRP, DEA, LEGATT, APHIS, PAO, FCS, CONS, MGT and MSG. This plan includes a description of tripwires and associated action plans. Chile's Ministry of Health established a National Committee for Influenza to coordinate tracking and treatment of AI. The GOC has an extensive, internet-published preparedness plan for preventing an AI pandemic in Chile, and has coordinated with international and regional partners. While Chile's medical facilities are generally adequate and in some cases excellent, the GOC lacks resources to properly track, detect or prevent widespread distribution of AI. Post does not currently have the ability to shelter in place, but personnel could likely be maintained at home for a reasonable amount of time. End Summary.

12. Should an AI outbreak occur, the EAC has created an action plan, including first responses, and developed a series of tripwires (with the approval of RMO Lima). When identifying appropriate tripwires, the EAC assumed a fast transmission rate, the inability to access air travel, the need to avoid any "double standard," communication with local international schools; and coordination with Clinica Las Condes and Clinica Alemana, the top two hospitals in Santiago. Action items resulting from a crossed tripwire may include authorized or mandatory departure of personnel. The EAC also noted that Post does not have an adequate stockpile of antiviral drugs, and is actively exploring how to obtain supplies for all Embassy staff and EFMs.

13. Aside from two private high-quality hospitals in Santiago, the quality and number of facilities in Chile varies greatly. Private hospitals and clinics tend to offer better service than public medical facilities, and healthcare outside of the metropolitan area generally tends to be of lesser quality.

14. The GOC has created an extensive plan to address AI, available on the internet at: <http://www.minsal.gov.cl/ici/pandemianfluenza>. In 2004, the Chilean Congress passed a resolution to create the National Response Commission for Outbreaks and Sanitary Emergencies under the jurisdiction of the Ministry of Health (MOH). The mandate of this committee is to (a) propose contingency plans to confront the outbreaks of infectious diseases, with a particular emphasis on AI; (b) monitor the implementation of

these contingency plans; and (c) provide technical advice to the country's decision-makers. Committee members are largely MOH staff as well as representatives from the Agricultural and Livestock Service (SAG) and the Chilean Society for Infectology. Under-Secretary of Public Health, Dr. Patricio Bustos, has been identified as the key contact for international coordination on this issue.

¶15. The GOC has also worked with international partners on the AI issue. The ministers of health from the Andean region met in Peru in October 2005, which resulted in a signed declaration of commitment to coordinate on AI. The GOC's domestic plan repeatedly cites coordination with the World Health Organization.

¶16. While Chile has experience with avian influenza issues due to a 2002 outbreak of the disease in poultry, the public health sector does not enjoy the same levels of resources or manpower as the agricultural export sector when it comes fulfilling its emergency plans. Current deficiencies include a lack of human and financial resources to properly survey and detect AI. The GOC also lacks resources and equipment to widely distribute protective gear. Several vaccines are available in Chile, including Vaxigrip (Aventis Pasteur), Fluarix (Glaxo Smith Kline), Influvac (Solvay), Agrippal S1 (Chiron) and Inflexal V (Berna). The MOH plans to purchase the H5N1 vaccine when it becomes available. In addition, the MOH continued its annual flu vaccine program in 2005, and hopes to significantly expand the number of recipients beyond the current 1.75 million.

¶17. Post does not currently have the ability to shelter employees in place for any length of time. However, Embassy employees could likely be maintained at home for a reasonable amount of time. For long-term healthcare and nutritional needs, Chile's distance and long, narrow geographic configuration could become problematic in obtaining assistance.

¶18. Post management has tasked two U.S. citizen employees with responsibility for inputting tripwire data: Jacqueline Ward, EST Officer, and Deborah Fairman, Consul. Both employees possess a secret clearance or higher.

¶19. All DoD personnel are under COM authority.

¶110. The following baseline tripwires were approved by the Santiago EAC and in substance by RMO Brooks Taylor. The following proposed tripwires address the possibility of human cases of avian influenza in Chile and/or evidence of the virus demonstrating more efficient human-to-human transmission elsewhere in the world. To avoid repetition, only new measures taken under each Tripwire are listed - all previous measures under previous Tripwires will be maintained. These tripwires are based on the following assumptions, should sustained human-to-human transmission become a reality.

Assumptions:

The disease would spread rapidly, both within a particular country and internationally. Once the World Health Organization has declared a human pandemic - but probably even before then - airlines will cancel flights as countries try to control the spread of the disease. Some countries may bar individuals coming from infected countries.

The Embassy must keep in mind "double standard" concerns, and will coordinate consular, medical, evacuation, etc. with appropriate Department offices.

The Embassy must keep in mind that many of its children attend international schools, which must be kept in the information loop as well.

The Embassy should carefully consider all the ramifications of authorized departure and/or ordered departure, as in fact it may be safer to remain in Chile.

The Embassy should remain in constant contact with Clinica Las Condes and Clinica Alemana, as well as with the Ministry

of Health.

The Embassy will procure sufficient supplies of Tamiflu, N100 Nano-masks, N95 masks, and additional hand cleansers, as well as the items recommended in the RMO's list.11.

¶11. Tripwire 1: Any case of avian influenza among humans in Chile.

Action:

11a. Management Section/Health Unit will send an information notice to all Mission personnel.

11b. The Consular Section will send a warden message to all American citizens detailing the episode and suggest preventive measures. The notice will also be posted on the Embassy website.

11c. Embassy will notify RMO Lima and State Med.

¶12. Tripwire 2: Confirmed human-to-human transmission occurs in one or more neighboring countries - singly or in clusters - but not in Chile.

Action:

12a. Consider immediate authorized departure of U.S. family members and non-emergency personnel in consultation with the Department, if the U.S. itself is relatively avian flu-free and if the airlines are flying. Have evacuation plans for both the healthy and sick. Explore evacuation by military airlift.

12b. Institute screening practices for all visitors to U.S. Government facilities, limit their numbers, and refuse entry to those visibly ill or who are coughing.

12c. Order mandatory sick leave for any employee who shows any flu-like symptoms or has a family member with flu-like symptoms. The Health Unit will issue detailed flu symptom descriptions and monitor Embassy employees.

12d. Issue a warden announcement to American citizens.

12e. Require use of masks and hand cleansers, AND consider use of the prophylactic Tamiflu (oseltamivir) by U.S. and Chilean staff in positions that require contact with the public.

¶13. Tripwire 3: Significant numbers of human cases of avian flu (H5N1, H7N7 or others), presumably transmitted from birds or other animals, appear in Chile, but without evidence of sustained human-to-human transmission.

Action:

13a. All official and unofficial travel to affected areas, bird markets and similar facilities will be prohibited. Outside visitors to the Embassy will continue to be limited. Tamiflu will be given as a prophylactic to those U.S. and Chilean staff who have regular contact with the general public as part of their work.

13b. Management Section will send a warning announcement to Mission personnel. The Consular Section will send a warden message to private American citizens and to tourist hotels and cruise ships that are frequented by traveling Americans. Embassy will post the warning announcement on the Embassy website.

13c. Health Unit will provide detailed briefing to Embassy community, and if appropriate, to the international schools. Check with Clinica Las Condes and Clinica Alemana to ensure that they are still able to handle large numbers of avian flu patients.

13d. Consider authorized departure measures or even ordered departure measures - in conjunction with the State Department - if the airlines are still flying and if there are any recognized safehaven countries who are accepting outsiders. Communicate pertinent information and options to the Embassy community at town hall meetings or via e-mail, as the timeline will be short.

13e. Issue Travel Warning to Americans considering travel to Chile, in conjunction with the Bureau of Consular Affairs.

13f. Encourage all employees to stock up on food and other necessities in the event there is an announcement of an

imminent pandemic.

14. Tripwire 4: Sustained human-to-human transmission in Chile, but not in Santiago.

Action:

14a. Restrict consular services to emergency basis for American citizens only. No visa services (except on a severely restricted case-by-case basis), as it would be expected that commercial airlines have canceled flights.

14b. Implement authorized departure. Consider ordered departure in conjunction with State Med, at the discretion of the Chief of Mission. If commercial airlines are not flying, consider use of military airlift. It would be ideal to have enough people leave post so that those left behind would equal the amount of Tamiflu on hand.

14c. Consider implementing selective administrative leave for those Americans who remain at post and FSN employees. Consider other options for minimizing workplace exposure, like tele-commuting.

14d. Continue mandatory sick leave for any employee who shows any flu-like symptoms or has a family member with flu-like symptoms.

14e. Consider home quarantine and limiting venues of human-to-human contact.

14f. Mandatory screening of visitors, who shall be limited to those whose business absolutely must be conducted in person; mandatory use of protective gear, especially N95 masks for Embassy screeners.

14g. Health Unit to initiate appropriate use of prophylactic Tamiflu (oseltamivir) for minimal U.S. and Chilean staff remaining on the job.

14h. Update warden message, Travel Warning, and Consular Information Sheet.

15. Tripwire 5: Sustained human-to-human transmission, as evidenced by clusters of cases in Santiago.

Action:

15a. Implement ordered departure, if airlines are still servicing Santiago, and if there are any avian flu-free countries to fly to. Consider use of military airlift, if the U.S. or any avian flu-free countries are allowing incoming flights from affected areas.

15b. Implement administrative leave for all FSNs. Consider other options for minimizing workplace exposure, like tele-commuting.

15c. Initiate appropriate prophylactic use of Tamiflu for any American employees and family members remaining at post.

15d. Issue warden update and inform American community that the Embassy will only offer emergency AmCit services by phone.

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